

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	To Be Assigned
<b>Filing Date</b>	January 12, 2004
<b>First Named Inventor</b>	David LEASON
<b>Title</b>	Intervehicle Communication ...
<b>Art Unit</b>	2685
<b>Examiner Name</b>	Pablo N. Tran
<b>Attorney Docket Number</b>	DL030

I hereby appoint:

☒ Practitioners associated with the Customer Number:

000038810

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

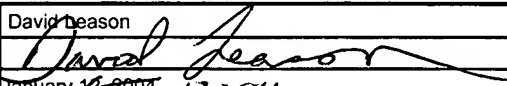
☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	David Leason		
Signature			
Date	January 12, 2004	13, 2004	Telephone 212-527-7700

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 POA forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# BEST AVAILABLE COPY

Docket No.: 3607/0I210

## DECLARATION AND POWER OF ATTORNEY Original Application

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 1 below, or a joint inventor if plural inventors are named below, of the invention entitled:

### EXTRAVEHICULAR COMMUNICATION SYSTEM AND METHOD

which is described and claimed in:

☒ the attached specification or ☐ the specification in application Serial No. To Be Assigned, filed Concurrently Herewith  
(for declaration not accompanying appl.)

that I do not know and do not believe that the same was ever known or used in the United States of America before my or our invention thereof or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, or in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application, that I acknowledge my duty to disclose information of which I am aware which is material to patentability in accordance with 37 CFR §1.56. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I hereby claim the priority benefits under 35 U.S.C. §119 of any application(s) for patent or inventor's certificate listed below. All foreign applications for patent or inventor's certificate on this invention filed by me or my legal representatives or assigns prior to the application(s) of which priority is claimed are also identified below.

### PRIOR APPLICATION(S), IF ANY, OF WHICH PRIORITY IS CLAIMED

<u>COUNTRY</u>	<u>APPLICATION NO.</u>	<u>DATE OF FILING</u>
----------------	------------------------	-----------------------

AVAILABLE COPY

**ALL FOREIGN APPLICATIONS, IF ANY, FILED PRIOR  
TO THE APPLICATION(S) OF WHICH PRIORITY IS CLAIMED**

COUNTRY                      APPLICATION NO.                      DATE OF FILING

**POWER OF ATTORNEY:**

As a named inventor, I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark office connected therewith: Gordon D. Coplein #19,185, Michael J. Sweedler #19,937, S. Peter Ludwig #25,351, Paul Fields #20,288, Marc S. Gross #19,614, Joseph B. Lerch #28,936, Melvin C. Garner #26,272, Ethan Horwitz #27,646, Adda C. Gogoris #28,714, Bert J. Lewen #19,407, Henry Sternberg #22,408, Peter C. Schechter #31,662, Robert Schaffer #31,194, Robert C. Sullivan, Jr. #30,499, Ira J. Levy #35,587, Joseph R. Robinson #33,448, Scott G. Lindvall #40,325, Paul F. Fehlner, Ph.D. #35,135, David Leason #36,195, Cheryl F. Cohen #40,381

all of the firm of DARBY & DARBY P.C., 805 Third Avenue, New York, NY 10022

**SEND CORRESPONDENCE TO:**

DARBY & DARBY P.C.  
805 Third Avenue  
New York, NY 10022

**DIRECT TELEPHONE CALLS TO:**

Cheryl F. Cohen  
212-527-7700

**FULL NAME AND RESIDENCE OF INVENTOR 1**

LAST NAME: Leason      FIRST NAME: David      MIDDLE NAME:

CITY: Chappaqua      STATE OR FOREIGN COUNTRY: New York      COUNTRY OF CITIZENSHIP: USA

POST OFFICE ADDRESS: 28 Garey Drive      CITY: Chappaqua      STATE OR COUNTRY: New York      ZIP CODE: 10514

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 1: 

David Leason

DATED: 1/23/01